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Kristi L. Davidson
Kristi L. Davidson, Reg. No. 44,643

Date: 12/20/01

#3 12/20/01
\$179.61
1/1/02
J. Butler

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Larkner et al.
Serial No.: 09/923,212
Filed: August 6, 2001
Examiner: Drodge, J.
Art Unit: 1723
Confirmation No.: 1172
Title: **WATER PURIFICATION SYSTEM AND METHOD INCLUDING
DISPENSED VOLUME SENSING AND CONTROL**
Atty Docket: BARN-92A

Cincinnati, Ohio 45202

December 20, 2001

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. Small Entity status is claimed.
 X Other than a Small Entity.
3. The fee has been calculated as shown below:

02/22/2002 BANGUYEN1 00000087 09923212

02 FC:115

110.00 OP

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(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	4	MINUS	20	= 0	x \$9	\$0	x \$18	\$0
INDEP.	4	MINUS	3	= 1	x \$42	\$0	x \$84	\$84
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$140	\$0	+ \$280	\$0
TOTALS					TOTAL FEE	\$	TOTAL FEE	\$84

- ☆ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- ☆☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

_____ No additional fee for claims is required.

4. Attached is a check in the sum of \$84.00.

_____ Please charge my Deposit Account No. 23-3000 in the amount of \$_____.

A duplicate copy of this sheet is attached.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

- (a) _____ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
___ one month	\$ 110.00	\$ 55.00
___ two months	\$ 390.00	\$195.00
___ three months	\$ 890.00	\$445.00
___ four months	\$1,390.00	\$695.00

___ Attached is a check in the amount of \$ ___ for the ___ month extension fee as required by 37 C.F.R. § 1.17(c)

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

___ An extension for ___ months has already been secured and the fee paid thereof of \$ ___ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$ ____.

OR

(b) X Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

 X If any additional fee for claims or extension of time is required, charge Account No. 23-3000. A duplicate of this transmittal is attached.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.



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